



**COMMONWEALTH OF VIRGINIA**  
**Department of Agriculture and Consumer Services**  
 Division of Animal and Food Industry Services  
 Office of Veterinary Services  
 102 Governor Street, Richmond, Virginia 23219  
 Phone: 804-692-4001 Fax: 804-371-2380  
[animalcare@vdacs.virginia.gov](mailto:animalcare@vdacs.virginia.gov)



## AGRICULTURAL ANIMAL SEIZURE REPORT

In accordance with section §3.2-6569 of the Code of Virginia,  
 this form is to be completed and submitted to the State Veterinarian's Office within five days of an agricultural animal seizure.

<b>JURISDICTION</b>	Name of Locality:				<input type="checkbox"/> County
					<input type="checkbox"/> City <input type="checkbox"/> Town
<b>SEIZING OFFICER</b>	Officer Name:	First	Last		
	Title:				<input type="checkbox"/> ACO <input type="checkbox"/> LEO <input type="checkbox"/> HI <input type="checkbox"/> Other:
	Office Address:	Direct Phone:			
		Fax:			
Direct Email:					
<b>OWNER AND ANIMAL INFORMATION</b>	Owner Name:	First	Last		
	Owner Address:	Phone:			
		Has owner been notified?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>SEIZED ANIMAL INVENTORY</b>				
	Species and Breed	Number Total	Number Female	Number Male	Other Descriptors
Reason for Seizure and Animal Condition at Time of Seizure:					

<b>LOGISTICS</b>	Seizure Date:		Seizure Time:	
	Location of Seizure:			
	Location of Impoundment:			
	Husbandry Care Provided By:			

<b>CONSULTING OFFICIALS INVOLVED</b>	<b>Commonwealth's Attorney</b>			
	CA Name:	First	Last	
	Office Address:		Office Phone:	
			Fax:	
	Direct Email:			
	<b>Licensed Veterinarian</b>			
	Veterinarian Name:	First	Last	
	Name of Veterinary Establishment:			
	Office Address:		Office Phone:	
			Fax:	
Direct Email:				

<b>ADDITIONAL INFORMATION</b> (include any specific course of follow-up care prescribed by veterinarian)	
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<b>REPORT DATE</b>	<b>SIGNATURE OF SEIZING OFFICER</b>